

# General Admission Application Nevada State Fire Training

## General Information

1. Name (As you would like it to appear on your certificate First, Middle, Last, Suffix)	2. Date of Birth (Mo, Day, Yr)	3. Social Security No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Home Address (Street, City, State and Zip Code)		6. Work phone No. ( )	
		7. Home phone No. ( )	
8. Enter course number(s), title(s), desired date(s) requested and location.			
Course no.	Title of course	Date Requested	Location
_____	_____	_____	_____
_____	_____	_____	_____
9. Name and complete address of organization represented		10. Enter current position in organization, and number of personnel in organization Position _____ No. of personnel _____	
11. Previous courses of study:		Please list others if related to course applied for	
Haz-Mat Awareness <input type="checkbox"/>	NFA MCTO Series	Firefighter I <input type="checkbox"/>	_____
Haz-Mat Operations <input type="checkbox"/>	Preparation <input type="checkbox"/>	Firefighter II <input type="checkbox"/>	_____
Haz-Mat Technician <input type="checkbox"/>	Decision Making <input type="checkbox"/>	Fire Officer I <input type="checkbox"/>	_____
Haz-Mat Chemistry <input type="checkbox"/>	Tactics <input type="checkbox"/>	Fire Instructor I <input type="checkbox"/>	_____
Amount remitted \$ _____ Check No. _____ Agency P.O. No. _____ Please do not send cash			
<b>Required Signatures</b>			
By signing and submitting this application the student understands that any and all cost associated with the course(s) are non-refundable unless student gives fifteen (15) days notice of cancellation prior to start of course. If registration/tuition fees are not remitted with this application Nevada State Fire Training reserves the right at its discretion to close registration to all non-paid applicants. All courses are based on a first come first served basis. All courses require a minimum number of students.			
Signature of Applicant: _____ Date: _____			
Approved by head of the sponsoring organization:			
Signature _____		Date _____	
Title _____		Phone No. ( ) _____	
Submit application to: Nevada State Fire Training 2101 Snyder Avenue Carson City, Nevada 89701		or Fax to (702) 687-4633 If any questions contact Nevada State Fire Training at (702) 687-6499	
<b>Do not write below this line State Training use only</b>			
Date received	Registration/tuition received yes / no	amount	
		Receipt No.	
Date of cancellation	Student notified yes / no	date	
		Refund due \$	

This application may be photocopied as needed

NSFT app 20